

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 147  
Registered No. 513

### 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 824 Line Oak St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

### 2. Full name of child

If child is not yet named, make supplemental report, as directed.

### 3. Sex of Child

To be answered ONLY  
in event of plural  
births.

### 4. Twin, triplet or other

### 6. Legitimate?

7. Date of birth Jan. 12, 1926  
Month Day Year

Female

### 5. No., in order of birth

yes

### 8.

### FATHER

### Full name

Anastasio Atunio

### 9. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

### 10. Color or race

Mex.

11. Age at last birthday 41 (Years)

### 12. Birthplace (city or place)

(State or country)

Durango,  
Mex.

### 13. Occupation

Nature of industry

miner

### 14.

### MOTHER

### Full maiden name

Pabla Bayes

### 15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

### 16. Color or race

Mex.

17. Age at last birthday 40 (Years)

### 18. Birthplace (city or place)

(State or country)

Durango,  
Mex.

### 19. Occupation

Nature of industry

Housewife

### 20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2

(b) Born alive but now dead 4

(c) Stillborn

### 21. Were precautions taken against ophthalmia neonatorum?

yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

born

(Born alive or stillborn)

at 12 30 A. m. on the date above stated

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Leyril M. Brown M.D.  
Physician

(Physician or midwife)

Given name added from a supplemental report

Month, day, year

Address Miami, Arizona

Filed Feb 10, 1926

P. E. Drin

Registrar

Registrar

012-112-722

MARGIN RESERVED FOR DRAINING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.